OFFICE OF THE REGISTRAR
HOW MAY WE HELP YOU?

*Please complete the following information. Leaving requested information blank results in processing delays. Please allow up to **2 BUSINESS DAYS** for processing once received. **If you would like to request an Official Transcript, please complete the Transcript Request Form, NOT the How May We Help You Form.***

- ☐ **Enrollment Verification** *(Confirms Enrollment Status, Good Standing, Dates of Attendance, etc. – can be e-mailed)*
- ☐ **Form Provided Verification** *(Enrollment verification form provided by you, the student, for completion)*
- ☐ **Certified Copy of Diploma** *(Can be e-mailed) If dual-degree, please indicate program(s) requested* ______________
- ☐ **Malpractice Insurance Letter** *(Generally Required for Away Electives - can be e-mailed)*
- ☐ **MSPE Letter/Dean's Letter** *(Letter **cannot** be sent to students, please provide delivery info below – **CANNOT e-mail**)*
- ☐ **National Board Scores** *(Subject Examinations)*: ______________________________
- ☐ **Rotation Evaluation(s):** *(ex: MEMED-502 General Medicine Sub-Internship, 7/1-7/31)* ______________________________
- ☐ **Other** *(Please Explain)*: ______________________________

STUDENT INFORMATION *(Please Print)*				
NAME			**BCM ID**	
LOCAL MAILING ADDRESS		**CITY**	**STATE**	**ZIP CODE**
DATE OF BIRTH	**TELEPHONE NUMBER**	**EMAIL ADDRESS**		
ACADEMIC PROGRAM:	☐ **MD** ☐ **GRAD**	☐ **MD/PHD** ☐ **DNP**	☐ **MS-GC** ☐ **MS-OP**	☐ **MS-PA** ☐ **TROPICAL MEDICINE**
DATES OF ATTENDANCE *(I.E. First Month/Year & Last Month/Year)*		**GRADUATION DATE**		

HANDLING INFORMATION *(Please Print)*

☐ **HOLD for pickup.** *(You will receive an email when your documents are available for pickup)*

☐ **Please MAIL to the Following Address:** ☐ **Please E-MAIL to the Following Address:**

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SIGNATURE: ______________________________ **DATE:** ____________________

*(Written Signature Required. **NO** Electronic Signatures Will Be Accepted.)*

SUBMIT COMPLETED REQUEST TO:

Baylor College of Medicine, Office of the Registrar
One Baylor Plaza | Mail Stop: BCM365 | Houston, TX 77030
Phone: (713) 798-7766 | Fax: (713) 798-1518 | Email: registrar@bcm.edu

FOR OFFICE USE ONLY

RECEIVED DATE/INITIALS: ____________________ *STUDENT INITIALS IF PICKED UP:* ________________

PROCESSED DATE/INITIALS: ____________________ *DATE:* ________________